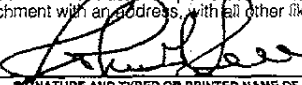


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000033624		
1. Entity Name CAROLINA AVIATION, INC.		
Principal Place of Business 15500 EVERGREEN AVENUE CLEARWATER, FL 34622	Mailing Address 138 N. MOON AVE SUITE B BRANDON, FL 33510 US	 04262006 No Chg-P CR2E034 (11/05) 4. FEI Number 20-1739930 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SELBY, JOHN W 2888 LACONCHA CLEARWATER, FL 34622		
DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SELLERS, JOHN G 138 NO. MOON AV. STE B BRANDON, FL 33510	 000000551004 05/13/06-80086-001 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SELBY, JOHN W 2888 LACONCHA DRIVE CLEARWATER, FL 34622	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HEAD, THOMAS 1293 NO. MCMULLEN BOOTH CLEARWATER, FL 33759	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-26-06 813 661 6602 Date Daytime Phone #